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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programme in the Middle East and North Africa region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme period 1992-1993. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $954,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Djibouti	954 000	1989-1993

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

DJIBOUTI

1. In 1989, the Executive Board approved an amount of $1.5 million from general resources and $4 million in supplementary funds in support of the Djibouti country programme for the period 1989-1993. From 1989 to 1991, UNICEF assisted the Government in undertaking accelerated actions to achieve established objectives. Those led to the ratification of the Convention on the Rights of the Child, the preparation of a national programme of action and the timely achievement of universal child immunization (UCI). Significant reductions in diarrhoeal diseases, acute respiratory infections (ARI) and severe malnutrition among children under the age of five years have been reported, while Facts for Life messages were incorporated into the teacher-training curriculum and into literacy material.

2. In addition, during this period the Government requested UNICEF to assist in the rehabilitation of thousands of children and women fleeing from civil strife in neighbouring countries. They have settled with local people of the same ethnic groups and use the country's already overstretched infrastructure for services. UNICEF responded to those repeated emergencies by providing vaccines, cold-chain equipment and essential drugs and by accelerating programmes for overcrowded neighbourhoods.

3. The funds requested for 1992-1993 will serve to maintain and strengthen ongoing programmes.

Child health

4. Maintaining UCI is an essential component of the future programme. UNICEF will continue to support government efforts, particularly in strengthening and reinforcing surveillance systems of expanded programme on immunization (EPI) target diseases through training seminars for EPI managers. UNICEF will also support the national cold-chain system and provide vaccines against the six EPI target diseases.

5. Plans are well advanced for launching epidemiological surveys geared towards eradication of neonatal tetanus and poliomyelitis by 1995. UNICEF and the World Health Organization (WHO) will provide technical and material support for that purpose starting in 1992.

6. Efforts to curb diarrhoeal diseases among children will be continued. During the period 1992-1993, UNICEF will support the training of some 63 nurses and health workers and the establishment of demonstration corners in 34 maternal and child health (MCH) centres. Selected paramedics will also be trained in case management and data collection. UNICEF will also provide 120,000 packets of oral rehydration salts.

7. A 1990 UNICEF-supported survey by the Ministry of Health indicated that chronic malnutrition affects over 22 per cent of children under the age of five years. Nutrition education for mothers will be conducted through MCH

centres and national media campaigns, promoting good weaning practices and using local food sources, including fresh fish. UNICEF will support the production costs of simple nutrition education brochures for health workers and the production of radio and television spots. Equally, breast-feeding and the "baby-friendly" hospital initiative will also be pursued. UNICEF will support the production of posters and teaching aids, as well as the procurement of cassette recorders, which will be placed in selected maternity wards. In the first phase of the project, 180 midwives and maternity attendants, representing 30 per cent of the total, will be trained on the initiative. During 1992-1993, the Ministry of Health and UNICEF plan to undertake an additional nutrition survey on food habits and child weaning practices in the average household.

8. Acute respiratory infections are one of the major child killers in Djibouti, accounting for nearly 47 per cent of all children's medical consultations and hospitalizations. The most frequent and serious cases are associated with malnutrition and exacerbated by diarrhoea, compounded by inadequate duration of breast-feeding, poor nutrition and housing conditions and a harsh and changing climate. The UNICEF-supported ARI control project is conducted in collaboration with the Ministry of Health and WHO and aims at strengthening prevention, early detection and standardization of treatment with essential drugs. During 1992-1993, UNICEF will support the training of some 200 health workers and nurses on early detection of ARI, case management and treatment methods at different levels of the health system. Lactating mothers will be advised at MCH centres to continue breast-feeding their sick children. UNICEF will also provide essential drugs for 34 health centres and 7 hospitals.

Maternal health

9. The current high maternal mortality rate (MMR), resulting from anaemia, malnutrition and unhealthy traditional practices, is a cause of deep concern for the Government and UNICEF. The national programme of action clearly indicated the Government's commitment to reduce MMR from the present 740 to 300 per 100,000 live births by 1995 and to less than 100 by the year 2000. To help the Government achieve that objective, UNICEF will join hands with WHO, the Mission française d'aide et de coopération (French Cooperation Mission), the Government of Italy medical team and the Netherlands branch of Médecins sans frontières (Doctors without Borders). That cooperation will include support for in-service training and refresher courses for 300 traditional birth attendants, the upgrading of 24 MCH centres and their personnel through in-service training courses and the provision of basic supplies, equipment and essential drugs, including ferrous salt, folic acid and vitamins for pregnant women. UNICEF will also collaborate with the Union nationale des femmes de Djibouti (UNFD) (National Women's Union) and the Geneva-based Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. UNICEF will support the organization of seminars and the production of television and radio spots to raise awareness and emphasize the links of certain traditional practices with MMR and their often dangerous impact on women's health.

Acquired immune deficiency syndrome (AIDS)

10. AIDS and the transmission of the human immunodeficiency virus (HIV) are becoming major public health problems in Djibouti. Sero-positive and confirmed cases have more than doubled during the past two years. The Government has formulated short- and medium-term plans with the cooperation of WHO. The short-term plan includes the creation of a national intersectoral coordinating body, as well as different technical and counselling groups. A laboratory has been set up and case management modalities established. The medium-term plan for the period 1991-1994 focuses on public awareness, the training of selected health personnel, detection, data collection and the promotion of the use of condoms. During 1992-1993, UNICEF will collaborate with WHO, the Mission française d'aide et de coopération and the European Community to help the Ministry of Health in the production of health education materials and the development of media campaigns to raise awareness of the disease.

Women's development

11. UNICEF will continue to assist UNFD in its literacy and income-generating projects. Recently, the Ministry of Education and UNFD launched a joint national functional literacy programme which is providing classes geared mainly to women and girls. Some 171 evening classes accommodate nearly 8,500 participants. The programme aims to provide literacy, numeracy and knowledge of measuring and weighing methods to 4,300 working women per year. Literacy sessions are also used to impart knowledge of child survival based on Facts for Life, which has been integrated into the teacher-training curriculum. During 1992-1993, and in cooperation with the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Mission française d'aide et de coopération, UNICEF will provide teaching aids, books, classroom materials and transport for supervision and follow-up work. A survey will be conducted to assess marketing possibilities for products of income-generating efforts by women's groups.

Water supply and sanitation

12. In urban slum areas, UNICEF will support the efforts of municipal authorities through the promotion of simple environmental sanitation and excreta disposal methods based on the participation of local communities. During 1992-1993, UNICEF will provide hand-driven carts and other simple garbage collection implements. For the provision of drinking water, UNICEF will participate in a project of shallow dug-wells for the nomadic population in the northern region of Tadjourah, which has suffered from chronic drought. UNICEF and the Ministry of Agriculture and Rural Development will cooperate in drilling 19 cemented shallow dug-wells during 1992-1993.